



2001 DEPARTMENT OF DEFENSE SURVEY OF HEALTH RELATED BEHAVIORS AMONG MILITARY PERSONNEL

HEALTH AFFAIRS

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

- Most questions provide a set of answers. Read all the printed answers before marking your choice. If none of the printed answers exactly applies to you, place an "X" on the circle for the one answer that best fits your situation.
 - Use only the pencil you were given.
 - Put an "X" on the center of the circle for your answer. Don't use other marks.
- CORRECT MARK** **INCORRECT MARKS**
- ☐ ☐ ☒ ☐ ☒ ☐ ☐ ☐
- Erase cleanly any answer you wish to change.
 - Do not make stray marks of any kind anywhere in this booklet.
 - For many questions, you should place an "X" in only one circle for your answer in the column below the question, as shown here:

EXAMPLE: How would you describe your health?

- ☐ Excellent
☒ Good
☐ Fair
☐ Poor

If you are asked to give numbers for your answer, please enter your response as shown below:

EXAMPLE: During the past 30 days, how many full 24-hour days were you deployed at sea or in the field?

Enter the number of days in the boxes. Use both boxes, ONE number to a box.

DAYS

4. How old were you on your last birthday?

Enter your age in the boxes. Use both boxes, ONE number to a box.

YEARS OLD

5. Are you male or female?

- ☐ Male
☐ Female

6. What is your marital status?

- ☐ Married
☐ Living as married
☐ Separated and not living as married
☐ Divorced and not living as married
☐ Widowed and not living as married
☐ Single, never married, and not living as married

Now, begin answering questions here.

1. What Service are you in?

- ☐ Army
☐ Navy
☐ Marine Corps
☐ Air Force

2. What is your pay grade?

ENLISTED		OFFICER	
<input type="radio"/> E-1	<input type="radio"/> E-6	<input type="radio"/> Trainee	<input type="radio"/> O-4
<input type="radio"/> E-2	<input type="radio"/> E-7	<input type="radio"/> W1-W5	<input type="radio"/> O-5
<input type="radio"/> E-3	<input type="radio"/> E-8	<input type="radio"/> O-1 or O-1E	<input type="radio"/> O-6
<input type="radio"/> E-4	<input type="radio"/> E-9	<input type="radio"/> O-2 or O-2E	<input type="radio"/> O7-O10
<input type="radio"/> E-5		<input type="radio"/> O-3 or O-3E	

3. What is your highest level of education now?

- ☐ Did not graduate from high school
☐ GED or ABE certificate
☐ High school diploma
☐ Trade or technical school graduate
☐ Some college but not a 4-year degree
☐ 4-year college degree (BA, BS, or equivalent)
☐ Graduate or professional study but no graduate degree
☐ Graduate or professional degree

If you are married or living as married, the term "spouse," as used in this questionnaire, refers to your wife, husband, or live-in partner.

7. Is your spouse or live-in partner now living with you at your present duty location?

- ☐ Yes
☐ No
☐ I have no spouse

8. Do you have any children living with you at your present duty location?

- ☐ Yes
☐ No
☐ I have no children

9. Are you Spanish/Hispanic/Latino?

- ☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican/Mexican-American/Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino

10. What is your race? (Mark all that apply.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, Chamorro)

11. In what type of housing do you currently live? (If your dependents are with you, mark type of **family** housing.)

- ☐ Housing that you rent or lease from a civilian or that you personally own
- ☐ On board ship
- ☐ Military barracks/dormitory or bachelor quarters
- ☐ On-base military family housing
- ☐ Off-base military family housing

Sometimes you will be asked to "Place an 'X' on each line." For these questions, record an answer for each part of the question, as shown here:

EXAMPLE: How often do you do each of the following?

(Place an "X" on each line)	Often	Sometimes	Never
Swim	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowl	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Play tennis	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

12. Here are some statements about things that happen to people. How many times in the past 12 months did each of the following happen to you?

(Place an "X" on each line)	NUMBER OF TIMES IN PAST 12 MONTHS				Doesn't Apply
	3 or More	2	1	Never	
I had an illness that kept me from duty for a week or longer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't get promoted when I thought I should have been	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got a lower score than I expected on my efficiency report or performance rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received UCMJ punishment (Court Martial, Article 15, Captain's Mast, Office Hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was arrested for a driving violation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was arrested for an incident not related to driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spent time in jail, stockade, or brig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was hurt in an accident (any kind)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I caused an accident where someone else was hurt or property was damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hit my spouse, my live-in partner, or the person I date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hit my child(ren) for a reason other than discipline (spanking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got into a fight where I hit someone other than a member of my family ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse or live-in partner threatened to leave me or left me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse or live-in partner asked me to leave or I did leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. The statements below are about some other things that happen to people. How many times in the past 12 months did each of the following happen to you?

(Place an "X" on each line)	NUMBER OF TIMES IN PAST 12 MONTHS				Doesn't Apply
	3 or More	2	1	Never	
I had heated arguments with family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble on the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was involved in a motor vehicle accident while I was driving (regardless of who was responsible)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I drove unsafely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I neglected my family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had serious money problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble with the police (civilian or military)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it harder to handle my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to have emergency medical help (for any reason)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got into a loud argument in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please indicate how much each statement below describes you.

(Place an "X" on each line)

Not at All A Little Some Quite a Lot

I often act on the spur of the moment without stopping to think	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get a real kick out of doing things that are a little dangerous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You might say I act impulsively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to test myself every now and then by doing something a little chancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many of my actions seem to be hasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm always up for a new experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to try new things just for the excitement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go for the thrills in life when I get a chance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to experience new and different sensations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next group of questions is about past and current use of alcoholic beverages—that is, beer, wine, and liquor. If the answers provided are more exact than you can remember, mark your best estimate. If you can't decide between two answer choices because you drink different amounts at different times, answer for the time you drank the most.

15. During the past 30 days, on how many days did you drink beer?

- ☐ 28-30 days (about every day)
- ☐ 20-27 days (5-6 days a week, average)
- ☐ 11-19 days (3-4 days a week, average)
- ☐ 4-10 days (1-2 days a week, average)
- ☐ 2-3 days in the past 30 days
- ☐ Once in the past 30 days
- ☐ Didn't drink any beer in the past 30 days

16. During the past 30 days, what size cans or bottles of beer did you usually drink? (Beer is most commonly sold and served in 12-ounce cans, mugs, bottles, or glasses in the U.S.)

- ☐ 8-ounce can, bottle, or glass
- ☐ Standard 12-ounce can, bottle, or mug
- ☐ 16-ounce ("tall boy") can, bottle, or mug (1/2 liter)
- ☐ Liter or quart (32-oz.) bottle or mug
- ☐ 40-ounce bottle (a "forty")
- ☐ Some other size
- ☐ Didn't drink any beer in the past 30 days

17. Think about the days when you drank beer in the past 30 days. How much beer did you usually drink on a typical day when you drank beer?

- ☐ 18 or more beers
- ☐ 15-17 beers
- ☐ 12-14 beers
- ☐ 9-11 beers
- ☐ 8 beers
- ☐ 7 beers
- ☐ 6 beers
- ☐ 5 beers
- ☐ 4 beers
- ☐ 3 beers
- ☐ 2 beers
- ☐ 1 beer
- ☐ Didn't drink any beer in the past 30 days

18. During the past 30 days, on how many days did you drink wine?

- ☐ 28-30 days (about every day)
- ☐ 20-27 days (5-6 days a week, average)
- ☐ 11-19 days (3-4 days a week, average)
- ☐ 4-10 days (1-2 days a week, average)
- ☐ 2-3 days in the past 30 days
- ☐ Once in the past 30 days
- ☐ Didn't drink any wine in the past 30 days

19. During the past 30 days, did you usually drink a regular wine or a fortified wine?

- ☐ Regular wine (also called "table" or "dinner" wine)
- ☐ Fortified wine (such as Thunderbird, Night Train, sherry, port, vermouth, brandy, Dubonnet, champagne, etc.)
- ☐ Wine cooler (such as Bartles & Jaymes, etc.)
- ☐ Didn't drink any wine in the past 30 days

20. Think about the days when you drank wine in the past 30 days. How much wine did you usually drink on a typical day when you drank wine? (The standard wineglass holds about 4 ounces of wine. The standard wine bottle holds about 6 glasses of wine.)

- ☐ 12 or more wineglasses (2 bottles or more)
- ☐ 9-11 wineglasses
- ☐ 8 wineglasses
- ☐ 7 wineglasses
- ☐ 6 wineglasses (about 1 bottle)
- ☐ 5 wineglasses
- ☐ 4 wineglasses
- ☐ 3 wineglasses (about 1/2 bottle)
- ☐ 2 wineglasses
- ☐ 1 wineglass
- ☐ Didn't drink any wine in the past 30 days

21. During the past 30 days, on how many days did you drink liquor?

- ☐ 28-30 days (about every day)
- ☐ 20-27 days (5-6 days a week, average)
- ☐ 11-19 days (3-4 days a week, average)
- ☐ 4-10 days (1-2 days a week, average)
- ☐ 2-3 days in the past 30 days
- ☐ Once in the past 30 days
- ☐ Didn't drink any liquor in the past 30 days

22. During the past 30 days, about how many ounces of liquor did you usually have in your average drink? (The average bar drink, mixed or straight, contains a "jigger" or 1½ ounces of liquor.)
- ☐ 5 or more ounces
 - ☐ 4 ounces
 - ☐ 3 ounces (a "double")
 - ☐ 2 ounces
 - ☐ 1½ ounces (a "jigger")
 - ☐ 1 ounce (a "shot")
 - ☐ Didn't drink any liquor in the past 30 days
23. Think about the days when you drank liquor in the past 30 days. How much liquor did you usually drink on a typical day when you drank liquor?
- ☐ 18 or more drinks
 - ☐ 15-17 drinks
 - ☐ 12-14 drinks
 - ☐ 9-11 drinks
 - ☐ 8 drinks
 - ☐ 7 drinks
 - ☐ 6 drinks
 - ☐ 5 drinks
 - ☐ 4 drinks
 - ☐ 3 drinks
 - ☐ 2 drinks
 - ☐ 1 drink
 - ☐ Didn't drink any liquor in the past 30 days
24. During the past 30 days, on how many days did you have 5 or more drinks of beer, wine, or liquor on the same occasion? (By "drink," we mean a bottle or can of beer, a wine cooler or a glass of wine, a shot of liquor, or a mixed drink or cocktail. By "occasion," we mean at the same time or within a couple of hours of each other.)
- ☐ 28-30 days (about every day)
 - ☐ 20-27 days (5-6 days a week, average)
 - ☐ 11-19 days (3-4 days a week, average)
 - ☐ 4-10 days (1-2 days a week, average)
 - ☐ 2-3 days in the past 30 days
 - ☐ Once in the past 30 days
 - ☐ I drank during the past 30 days, but I never had 5 or more drinks on the same occasion
 - ☐ I didn't drink in the past 30 days
25. Think about times when you had 5 or more drinks on the same occasion during the past 30 days. Who was with you the last time you drank 5 or more drinks on the same occasion?
- ☐ Didn't drink in the past 30 days
 - ☐ I drank during the past 30 days, but I never had 5 or more drinks on the same occasion
 - ☐ No one/I was alone
 - ☐ With a date or spouse/partner only
 - ☐ With a small group (2-10 people)
 - ☐ With a larger group (more than 10 people)

26. Think about times when you had 5 or more drinks on the same occasion during the past 30 days. Where were you the last time you drank 5 or more drinks on the same occasion?
- ☐ Didn't drink in the past 30 days
 - ☐ I drank during the past 30 days, but I never had 5 or more drinks on the same occasion
 - ☐ Where I live (living quarters, military housing, my own home, etc.)
 - ☐ At work
 - ☐ In a bar, club, or restaurant
 - ☐ At someone else's living quarters or house, including a party
 - ☐ At a sporting event or recreational event
 - ☐ At a ceremonial or formal occasion
 - ☐ In a car
 - ☐ Other place
27. On those days when you worked during the past 30 days, how often did you have a drink while you were working (on-the-job), during your lunch break, or during a work break?
- ☐ Every work day
 - ☐ Most work days
 - ☐ About half of my work days
 - ☐ Several work days
 - ☐ 1 or 2 work days
 - ☐ Never in the past 30 days
 - ☐ Don't drink

The next set of four questions asks about your use of beer, wine, and liquor during the past 12 months, that is, since this time last year.

28. During the past 12 months, how often did you drink 8 or more cans, bottles, or glasses of beer (3 quarts or more) in a single day?
- ☐ About every day
 - ☐ 5-6 days a week
 - ☐ 3-4 days a week
 - ☐ 1-2 days a week
 - ☐ 2-3 days a month
 - ☐ About once a month
 - ☐ 7-11 days in the past 12 months
 - ☐ 3-6 days in the past 12 months
 - ☐ Once or twice in the past 12 months
 - ☐ Never in the past 12 months
 - ☐ Don't drink beer
29. During the past 12 months, how often did you drink 8 or more glasses of wine (more than a standard wine bottle) in a single day?
- ☐ About every day
 - ☐ 5-6 days a week
 - ☐ 3-4 days a week
 - ☐ 1-2 days a week
 - ☐ 2-3 days a month
 - ☐ About once a month
 - ☐ 7-11 days in the past 12 months
 - ☐ 3-6 days in the past 12 months
 - ☐ Once or twice in the past 12 months
 - ☐ Never in the past 12 months
 - ☐ Don't drink wine

30. During the past 12 months, how often did you drink 8 or more drinks of liquor (a half-pint or more) in a single day?

- ☐ About every day
☐ 5-6 days a week
☐ 3-4 days a week
☐ 1-2 days a week
☐ 2-3 days a month
☐ About once a month
☐ 7-11 days in the past 12 months
☐ 3-6 days in the past 12 months
☐ Once or twice in the past 12 months
☐ Never in the past 12 months
☐ Don't drink liquor

31. During the past 12 months, how often did you drink enough alcohol to feel drunk?

- ☐ Every day or nearly every day
☐ 3-4 times a week
☐ Once or twice a week
☐ 1-3 times a month
☐ 7-11 times in the past year
☐ 3-6 times in the past year
☐ Twice in the past year
☐ Once in the past year
☐ Never in the past year
☐ Don't drink

32. The following list includes some of the reasons people give for drinking beer, wine, or liquor. Please tell us how important each reason is to you, for your drinking.

(Place an "X" on each line)

	Very Important	Somewhat Important	Not at All Important	Never Drink
To enjoy the taste or flavor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To be friendly or social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To forget my worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To help cheer me up when I am in a bad mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To help me when I am depressed or nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To help me when I am bored and have nothing to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To increase my self-confidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. The following list includes some of the reasons people give for limiting how much they drink. Please tell us how important each reason is to you for limiting (or being careful about) your drinking.

(Place an "X" on each line)

	Very Important	Somewhat Important	Not at All Important
Drinking is bad for my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It costs too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family/friends get upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It might interfere with my military career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It goes against my basic values or beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm afraid of becoming an alcoholic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It makes me do things I'm sorry for later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It can make me feel sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking (without driving) can get me in trouble with police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking and driving can get me in trouble with police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It leads to losing control over my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now think about your use of beer, wine, or liquor over the past 12 months—that is, since this time last year. The term "work day," as used in this questionnaire, refers to days when you worked at your duty station or were on quick-response (30 minutes or less) call.

34. The following statements describe some things connected with drinking that affect people on their work days. Please indicate on how many work days in the past 12 months these things ever happened to you.

(Place an "X" on each line)

	NUMBER OF WORK DAYS IN PAST 12 MONTHS										Don't Drink
	40 or More	21-39	12-20	7-11	4-6	3	2	1	None		
I was hurt in an on-the-job accident because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was late for work or left work early because of drinking, a hangover, or an illness caused by drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not come to work at all because of a hangover, an illness, or a personal accident caused by drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worked below my normal level of performance because of drinking, a hangover, or an illness caused by drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was drunk while working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was called in during off-duty hours and reported to work feeling drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. For each question below, please indicate if you have had this experience during the past 12 months.

(Place an "X" on each line)

	Yes	No
Find that your usual number of drinks had much less effect on you than it once did?	<input type="radio"/>	<input type="radio"/>
Find that you had to drink much more than you did to get the effect you wanted?	<input type="radio"/>	<input type="radio"/>
More than once want to stop or cut down on your drinking?	<input type="radio"/>	<input type="radio"/>
More than once TRY to stop or cut down on your drinking but found you couldn't?	<input type="radio"/>	<input type="radio"/>
Have a period when you ended up drinking more than you meant to?	<input type="radio"/>	<input type="radio"/>
Have a period when you kept drinking for longer than you had intended to?	<input type="radio"/>	<input type="radio"/>
Take a drink or use any drug or medicine other than aspirin, Advil, or Tylenol to <u>get over</u> any of the bad aftereffects of drinking?	<input type="radio"/>	<input type="radio"/>
Take a drink or use any drug or medicine other than aspirin, Advil, or Tylenol to <u>keep from</u> having any of the bad aftereffects of drinking?	<input type="radio"/>	<input type="radio"/>
Have a period when you spent a lot of time drinking?	<input type="radio"/>	<input type="radio"/>
Have a period when you spent a lot of time getting over the bad aftereffects of drinking?	<input type="radio"/>	<input type="radio"/>
Give up or cut down on activities that were important to you in order to drink, like work, school, or associating with friends or relatives?	<input type="radio"/>	<input type="radio"/>
Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?	<input type="radio"/>	<input type="radio"/>
Continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?	<input type="radio"/>	<input type="radio"/>
Continue to drink even though you knew it was causing you a health problem or making a health problem worse?	<input type="radio"/>	<input type="radio"/>
Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking?	<input type="radio"/>	<input type="radio"/>

36. Here are some statements about things that happen to people while or after drinking or because of using alcohol. How many times in the past 12 months did each of the following happen to you?

(Place an "X" on each line)	NUMBER OF TIMES IN PAST 12 MONTHS				
	3 or More	2	1	Never	Don't Drink
I didn't get promoted because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got a lower score on my efficiency report or performance rating because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had an illness connected with my drinking that kept me from duty for a week or longer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received UCMJ punishment (Court Martial, Article 15, Captain's Mast, Office Hours) because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was arrested for driving under the influence of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was arrested for a drinking incident not related to driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spent time in jail, stockade, or brig because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was hurt in any kind of accident because of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My drinking caused an accident where someone else was hurt or property was damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got into a fight where I hit someone other than a member of my family when I was drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse or live-in partner threatened to leave me or left me because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was asked to leave or did leave my spouse or live-in partner because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The word "installation," as used in this questionnaire, refers to your post, camp, base, station, or other geographic duty location. Navy and Marines assigned to ships: The word "installation" refers to your ship when in home port.

37. Please indicate how much you agree or disagree with each of the following statements.

(Place an "X" on each line)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know/No Opinion
It's hard to "fit in" in my command if you don't drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking is part of being in my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking is part of being in the Military	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking is just about the only recreation available at this installation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At parties or social functions at this installation, everyone is encouraged to drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At parties or social functions at this installation, nonalcoholic beverages are always available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. The statements below are about some other things that happen to people because of using alcohol. How many times in the past 12 months did each of the following happen to you?

(Place an "X" on each line)

	NUMBER OF TIMES IN PAST 12 MONTHS					
	3 or More	2	1	Never	Don't Drink	
I had to be detoxified because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I had trouble on the job because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I had trouble with the police (civilian or military) because of my drinking ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I found it harder to handle my problems because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I had to have emergency medical help because of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I was not able to deploy or go into the field because of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I was delayed in being deployed or going into the field because of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I had to return early from a deployment because of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

39. In the past 12 months, how often did you drive a car or other motor vehicle within 2 hours of drinking any amount of beer, wine, or liquor? Your best estimate is fine.

- ☐ About every day
☐ 5-6 days a week
☐ 3-4 days a week
☐ 1-2 days a week
☐ 2-3 days a month
☐ About once a month
☐ 7-11 days in the past 12 months
☐ 3-6 days in the past 12 months
☐ Once or twice in the past 12 months
☐ I drove in the past 12 months, but I never drove within 2 hours of drinking
☐ I didn't drive in the past 12 months

40. About how old were you when you first began to use alcohol once a month or more often?

Enter the age in the boxes. Use both boxes, ONE number to a box.

YEARS OLD

- ☐ I have never used alcohol at least once a month.

41. Comparing your drinking before you entered the Military to your drinking now, how has it changed?

- ☐ Drank before but drink more now
☐ Drink about the same as before (and I do drink)
☐ Drank before but drink less now (but I do still drink)
☐ Drank before entering the Military but do not drink now
☐ Did not drink before entering the Military but do drink now
☐ Did not drink before entering the Military and do not drink now

42. Since you joined the Military, have you received professional counseling or treatment for a drinking-related problem from any of the following sources?

(Place an "X" on each line)

	Have Had No Problem		Don't Drink
	Yes	No	
Through a military clinic, hospital, or other military medical facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through a military counseling center or other military alcohol treatment or rehabilitation program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through a civilian doctor, clinic, hospital, or other civilian medical facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through a civilian alcohol counselor, mental health center, or other civilian alcohol treatment or rehabilitation program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we would like to ask some questions about cigarettes and other tobacco products.

43. How old were you when you first started smoking cigarettes fairly regularly?

Enter the age in the boxes. Use both boxes, ONE number to a box.

YEARS OLD

- ☐ I have never smoked at least one cigarette a day for a week or longer.

44. Have you started smoking since joining the Military?

- ☐ Yes
☐ No

45. When was the last time you smoked a cigarette?

- ☐ Today
☐ During the past 30 days
☐ 5-8 weeks ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-12 months ago
☐ 1-3 years ago
☐ More than 3 years ago
☐ Never smoked cigarettes

46. Think about the past 30 days. How many cigarettes did you usually smoke on a typical day?

- ☐ About 3 or more packs a day (more than 55 cigarettes)
☐ About 2½ packs a day (46-55 cigarettes)
☐ About 2 packs a day (36-45 cigarettes)
☐ About 1½ packs a day (26-35 cigarettes)
☐ About 1 pack a day (16-25 cigarettes)
☐ About ½ pack a day (6-15 cigarettes)
☐ 1-5 cigarettes a day
☐ Less than 1 cigarette a day, on the average
☐ Did not smoke any cigarettes in the past 30 days

47. Have you smoked at least 100 cigarettes in your entire life? (That would be 5 packs or more in your entire life.)

- ☐ Yes
☐ No

48. During the past 12 months, have you made a serious attempt to stop smoking cigarettes; that is, did you go for at least a week without smoking?
- ☐ Yes
- ☐ No
- ☐ Didn't smoke cigarettes in the past 12 months
- ☐ Never smoked cigarettes

49. Are you seriously intending to quit smoking cigarettes in the next 6 months?
- ☐ Yes
- ☐ No
- ☐ Don't smoke cigarettes

50. Are you planning to quit smoking cigarettes in the next 30 days?
- ☐ Yes
- ☐ No
- ☐ Don't smoke cigarettes

51. When was the last time you used chewing tobacco or snuff or other smokeless tobacco?
- ☐ During the past 30 days
- ☐ More than 1 month ago but within the past 6 months
- ☐ More than 6 months ago but within the past year
- ☐ More than 1 year ago but within the past 2 years
- ☐ More than 2 years ago
- ☐ Never used smokeless tobacco

52. How old were you when you first used chewing tobacco, snuff, or other smokeless tobacco?
- Enter the age in the boxes. Use both boxes, ONE number to a box. YEARS OLD
- ☐ I have never used smokeless tobacco.

53. During the past 12 months, how often on the average have you used chewing tobacco, snuff, or other smokeless tobacco?
- ☐ About every day
- ☐ 5-6 days a week
- ☐ 3-4 days a week
- ☐ 1-2 days a week
- ☐ 2-3 days a month
- ☐ About once a month
- ☐ 7-11 days in the past 12 months
- ☐ 3-6 days in the past 12 months
- ☐ Once or twice in the past 12 months
- ☐ Never in the past 12 months
- ☐ Never used smokeless tobacco

54. Have you used chewing tobacco, snuff, or other smokeless tobacco at least 20 times in your entire life?
- ☐ Yes
- ☐ No

55. Have you started using chewing tobacco, snuff, or other smokeless tobacco because of military restrictions on where you can smoke cigarettes?
- ☐ Yes
- ☐ No
- ☐ Don't use smokeless tobacco

56. During the past 12 months, how often on the average have you smoked cigars?
- ☐ About every day
- ☐ 5-6 days a week
- ☐ 3-4 days a week
- ☐ 1-2 days a week
- ☐ 2-3 days a month
- ☐ About once a month
- ☐ 7-11 days in the past 12 months
- ☐ 3-6 days in the past 12 months
- ☐ Once or twice in the past 12 months
- ☐ Never in the past 12 months
- ☐ Never smoked cigars

57. During the past 12 months, how often on the average have you smoked a pipe?
- ☐ About every day
- ☐ 5-6 days a week
- ☐ 3-4 days a week
- ☐ 1-2 days a week
- ☐ 2-3 days a month
- ☐ About once a month
- ☐ 7-11 days in the past 12 months
- ☐ 3-6 days in the past 12 months
- ☐ Once or twice in the past 12 months
- ☐ Never in the past 12 months
- ☐ Never smoked a pipe

58. Please indicate how much you agree or disagree with each of the following statements.

(Place an "X" on each line)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know/No Opinion
The number of places to buy cigarettes at this installation makes it easy to smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of tobacco is against my basic values or beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of my friends in the Military smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking is part of being in the Military	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse, live-in partner, or the person I date disapproves of my smoking (or would disapprove if I did smoke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like being around people when they're smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. The following list includes reasons that people sometimes give for why they started smoking cigarettes regularly. If you have ever smoked cigarettes regularly, please tell us how important each reason was for you starting to smoke.

(Place an "X" on each line)

	Very Important	Somewhat Important	Not at All Important	Never Smoked Regularly
To fit in with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To fit in with my military unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To rebel against my parents or others in authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To look "cool" or be "cool"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To help relieve stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To help me relax or calm down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To relieve boredom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So I wouldn't want to eat as much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To look or feel like an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because most people in my family smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To prove I could handle it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To be like someone I admired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To show I was tough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To avoid gaining weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions is about use of drugs for nonmedical purposes. First, we list the types of drugs we are interested in, along with some of their most common trade and clinical names.

DRUG TYPES	COMMON TRADE/CLINICAL NAMES
Marijuana or Hashish	Cannabis, THC, "pot"
PCP (alone or combined with other drugs)	Phencyclidine (PCP) or "angel dust"
LSD and Other Hallucinogens	LSD ("acid"), Mescaline, Peyote, DMT, Psilocybin, "mushrooms" (or "'shrooms"), Ketamine ("K" or "Special K")
Cocaine	Cocaine (including "crack")
Amphetamines, Methamphetamines, Didrex, and Other Stimulants	Ice, crystal meth, Preludin, Benzedrine, Biphetamine, Cylert, Desoxyn, Dextroamphetamine, Dexamyl, Dexedrine, Eskatrol, Ionamin, Methedrine, Obedrin-LA, Plegine, Pondimin, Pre-Sate, Ritalin, Sanorex, Tenuate, Tepanil, Voranil
Tranquilizers and Other Depressants	Ativan, Meprobamate, Librium, Valium, Atarax, Benadryl, Equanil, Libritabs, Meprospan, Miltown, Serax, SK-Lygen, Thorazine, Tranxene, Verstran, Vistaril, Xanax, Rohypnol ("roofies")
Barbiturates and Other Sedatives	Seconal, Alurate, Amobarbital, Amytal, Buticaps, Butisol, Carbrital, Dalmane, Doriden, Eskabarb, Luminal, Mebaral, Methaqualone, Nembutal, Noctec, Noludar, Optimil, Parest, Pentobarbital, Phenobarbital, Placidyl, Quaalude, Secobarbital, Sopor, Tuinal
Heroin and Other Opiates	Heroin, Morphine, Opium
Analgesics and Other Narcotics	Darvon, Demerol, Percodan, Tylenol with Codeine, Codeine, Cough Syrups with Codeine, Dilaudid, Dolene, Dolophine, Leritine, Levo-Dromoran, Methadone, Propoxyphene, SK-65, Talwin
Inhalants	Lighter fluids, aerosol sprays like Pam, glue, toluene, amyl nitrite, gasoline, poppers, locker room deodorizers, spray paints, paint thinner, halothane, ether or other anesthetics, nitrous oxide ("laughing gas"), correction fluids, cleaning fluids, degreasers
"Designer" Drugs	These drugs, with names like "Ecstasy," "Adam," "Eve," are made by combining two or more, often legal, drugs or chemicals to produce drugs specifically for their mood-altering or psychoactive effects.
Anabolic Steroids	Testosterone, Methyltestosterone, or other drugs taken to improve physical strength
GHB	Gamma Hydroxy Butyrate

Although some of the drugs listed above may be prescribed for medical reasons, the questions that follow refer to use of these drugs for nonmedical purposes. By nonmedical purposes, we mean any use of these drugs on your own—that is, either without a doctor's prescription, or in greater amounts or more often than prescribed, or for any reasons other than a doctor said you should take them, such as to get high, for thrills or kicks, to relax, to give insight, for pleasure, or curiosity about the drug's effect.

Please take your time and answer the questions as accurately as possible. Remember, NO ONE will ever link your answers with your identity.

60. During the past 30 days, on about how many days did you use each of the following drugs for nonmedical purposes?

NUMBER OF DAYS USED THIS TYPE OF DRUG IN PAST 30 DAYS

(Place an "X" on each line)

	11 or More Days	4-10 Days	1-3 Days	Never in Past 30 Days
Marijuana or hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD or other hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines or other stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers or other depressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates or other sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin or other opiates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analgesics or other narcotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Designer" drugs ("Ecstasy," etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. On the average, how often in the past 12 months have you taken each of the following drugs for nonmedical purposes?

(Place an "X" on each line)	NUMBER OF DAYS USED THIS TYPE OF DRUG IN PAST 12 MONTHS						Never in Past Year
	52 Days or More	25-51 Days	12-24 Days	6-11 Days	3-5 Days	1-2 Days	
Marijuana or hashish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD or other hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines or other stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers or other depressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates or other sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin or other opiates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analgesics or other narcotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Designer" drugs ("Ecstasy," etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. When did you last use each type of drug listed below for nonmedical purposes?

(Place an "X" on each line)	LAST USED THIS TYPE OF DRUG			Never Used
	1-30 Days Ago	1-12 Months Ago	More Than 1 Year Ago	
Marijuana or hashish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD or other hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines or other stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers or other depressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates or other sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin or other opiates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analgesics or other narcotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Designer" drugs ("Ecstasy," etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next three questions, we have defined a "random, unannounced drug test" as a drug test that you were not supposed to know about ahead of time.

63. When was the last time you had to give a urine sample for a random, unannounced drug test?

- ☐ In the past 30 days
- ☐ 5-7 weeks ago
- ☐ 2-6 months ago
- ☐ 7-12 months ago
- ☐ 13 months to 3 years ago
- ☐ More than 3 years ago
- ☐ I've never given a urine sample for a random, unannounced drug test

64. Think about the last time you had to give a urine sample for a random, unannounced drug test. How easy was it for you to predict that you were going to be tested?

- ☐ Very easy to predict
- ☐ Somewhat easy to predict
- ☐ Somewhat hard to predict
- ☐ Very hard to predict
- ☐ I've never given a urine sample for a random, unannounced drug test

65. If the Military stopped random, unannounced drug testing, how likely do you think you would be to use drugs?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Somewhat unlikely
- ☐ Very unlikely
- ☐ Definitely wouldn't use drugs

The next set of questions deals with health-related issues.

66. In the **past 12 months**, did you have any overnight hospital stays for treatment of an unintentional injury?

- ☐ Yes
☐ No

67. How often do you use seat belts when you drive or ride in a car?

- ☐ Always
☐ Nearly always
☐ Sometimes
☐ Seldom
☐ Never
☐ Don't drive or ride in a car

68. In the **past 12 months**, how many times did you drive or ride on a motorcycle?

- ☐ 40 or more times
☐ 21-39 times
☐ 11-20 times
☐ 1-10 times
☐ Never in the past 12 months

69. In the **past 12 months**, how often did you wear a helmet when you drove or rode on a motorcycle?

- ☐ Always
☐ Nearly always
☐ Sometimes
☐ Seldom
☐ Never
☐ Didn't drive or ride on a motorcycle in the past 12 months

70. In the **past 12 months**, how many times did you ride a bicycle?

- ☐ 40 or more times
☐ 21-39 times
☐ 11-20 times
☐ 1-10 times
☐ Never in the past 12 months

71. In the **past 12 months**, how often did you wear a helmet when you rode a bicycle?

- ☐ Always
☐ Nearly always
☐ Sometimes
☐ Seldom
☐ Never
☐ Didn't ride a bicycle in the past 12 months

The next question deals with general health behaviors.

72. During the **past 30 days**, how often did you do each of the following?

(Place an "X" on each line)

	About Every Day	5-6 Days a Week	3-4 Days a Week	1-2 Days a Week	1-3 Days in Past Month	Never in Past Month
Run, jog, bicycle, or briskly walk or hike for 20 minutes or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage for 20 minutes or more in other strenuous physical activity (e.g., handball, soccer, racquet sports, swimming laps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next question asks about some things that affect people on their work days.

73. Please indicate on how many work days in the **past 12 months** these things ever happened to you.

(Place an "X" on each line)

	NUMBER OF WORK DAYS IN PAST 12 MONTHS								
	40 or More	21-39	12-20	7-11	4-6	3	2	1	None
I was late for work by 30 minutes or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I left work early for a reason other than an errand or early holiday leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was hurt in an on-the-job accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worked below my normal level of performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not come to work at all because of an illness or a personal accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about mental health issues.

74. During the past 30 days, how often did poor mental health keep you from doing your usual activities, such as work or recreation?

- ☐ 28-30 days (about every day)
- ☐ 20-27 days (5-6 days a week, average)
- ☐ 11-19 days (3-4 days a week, average)
- ☐ 4-10 days (1-2 days a week, average)
- ☐ 2-3 days in the past 30 days
- ☐ Once in the past 30 days
- ☐ Never in the past 30 days

75. During the past 12 months, how much stress did you experience at work or while carrying out your military duties?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None at all

76. During the past 12 months, how much stress did you experience in your family life or in a relationship with your spouse, live-in partner, or the person you date seriously?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None at all

77. During the past 12 months, how much did stress at work interfere with your ability to perform your military job?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all
- ☐ Had no stress at work in the past 12 months

78. During the past 12 months, how much did stress in your family life interfere with your ability to perform your military job?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all
- ☐ Had no stress in the family in the past 12 months

The next questions ask about oral health.

79. In the past 12 months, did you have a dental checkup?

- ☐ Yes
- ☐ No

80. If you did not have a dental checkup in the past 12 months, please indicate whether each of the following reasons for not having a dental checkup applied to you. (If you had a dental checkup in the past 12 months, please go to Question 81.)

(Place an "X" on each line)

I did not have a dental checkup in the past 12 months because...

Yes No

I could not get time off from work ☐ ☐

I could not get an appointment with a military dentist ☐ ☐

I would have had to wait too long at the military dental clinic before I could be seen ☐ ☐

I couldn't afford to go to a civilian dentist ☐ ☐

I didn't think I needed a checkup ☐ ☐

I don't like going to the dentist(s) at this installation ☐ ☐

I don't like going to any dentists ☐ ☐

81. In the past 12 months, were you required to get dental work done before you could be deployed at sea or in the field?

- ☐ Yes
- ☐ No
- ☐ I wasn't deployed in the past 12 months

82. Since you joined the Military, have you ever lost any permanent teeth (not counting wisdom teeth) because of...

(Place an "X" on each line)

Yes No

Gum disease? ☐ ☐

Cavities? ☐ ☐

An injury to your mouth? ☐ ☐

Some other reason? ☐ ☐

83. During the past 30 days, how often did poor physical health keep you from doing your usual activities, such as work or recreation?

- ☐ 28-30 days (about every day)
- ☐ 20-27 days (5-6 days a week, average)
- ☐ 11-19 days (3-4 days a week, average)
- ☐ 4-10 days (1-2 days a week, average)
- ☐ 2-3 days in the past 30 days
- ☐ Once in the past 30 days
- ☐ Never in the past 30 days

84. During the past 12 months, how much stress did you experience from each of the following?

	AMOUNT OF STRESS IN PAST 12 MONTHS				
(Place an "X" on each line)	A Lot	Some	A Little	None at All	Doesn't Apply
Being deployed at sea or in the field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a permanent change of station (PCS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems in my relationships with the people I work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems in my relationship with my immediate supervisor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern about my performance rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increases in my work load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreases in my work load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being away from my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in my personal life, such as the birth of a baby, a divorce or breakup, or a death in the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflicts between my military and family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health problems that I had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health problems that my family members had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior problems in some of my children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

85. When you feel pressured, stressed, depressed, or anxious, how often do you engage in each of the following activities?

(Place an "X" on each line)	Frequently	Sometimes	Rarely	Never
Talk to a friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light up a cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Say a prayer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise or play sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in a hobby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get something to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana or use other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think of a plan to solve the problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think about hurting myself or killing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

86. During the past 30 days, how often have you been bothered by the following?

(Place an "X" on each line)	Not at All	Several Days	More Than Half of the Days
Feeling nervous, anxious, on edge, or worrying a lot about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tired very easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle tension, aches, or soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading a book or watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87. Below is a list of ways you might have felt or behaved.
Please indicate how often you felt this way during the past 7 days:

(Place an "X" on each line)	Most or All of the Time (5-7 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Some or a Little of the Time (1-2 Days)	Rarely or None of the Time (Less Than 1 Day)
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had crying spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that people disliked me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

88. In the past 12 months, have you had 2 weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?
- ☐ Yes
☐ No
89. Have you had 2 or more years in a row in your entire life when you felt depressed or sad most days, even if you felt okay sometimes?
- ☐ Yes → If yes, have you felt depressed or sad much of the time in the past 12 months?
☐ No ☐ Yes
☐ No

90. Have you seriously considered suicide?

(Place an "X" on each line)

	Yes	No
Within the past 2 months	<input type="radio"/>	<input type="radio"/>
Not within the past 2 months but within the past year	<input type="radio"/>	<input type="radio"/>
Not within the past year but within the past 2 years	<input type="radio"/>	<input type="radio"/>

If you answered "yes" to any of the items to the left, please seek help. We encourage you to contact your unit's chaplain or a mental health professional. If you are in the United States, you also could contact this counseling hotline: 1-800-784-2433 (or 1-800-SUICIDE: an anonymous, civilian hotline).

For these next questions, "mental health professional" refers to a psychologist, psychiatrist, clinical social worker, or other mental health counselor.

91. In the past 12 months, did you receive mental health counseling or therapy from the following?

(Place an "X" on each line)

	Yes	No
Mental health professional at a military facility (see the above box)	<input type="radio"/>	<input type="radio"/>
General medical doctor at a military facility	<input type="radio"/>	<input type="radio"/>
Military chaplain	<input type="radio"/>	<input type="radio"/>
Civilian mental health professional (see the above box)	<input type="radio"/>	<input type="radio"/>
General medical doctor at a civilian facility	<input type="radio"/>	<input type="radio"/>
Civilian pastor, rabbi, or other pastoral counselor	<input type="radio"/>	<input type="radio"/>

92. Do you think it would damage a person's military career to seek mental health counseling through the Military, regardless of the reason for seeking counseling?

- ☐ It definitely would damage a person's career
☐ It probably would damage a person's career
☐ It probably would not damage a person's career
☐ It definitely would not damage a person's career

93. At any time in the past 12 months, did you feel you needed counseling or therapy from a mental health professional (either military or civilian)?

- ☐ Yes
☐ No

The next set of questions refers to your eating habits, height, weight, and general health.

94. On an average day, how many servings of each of the following do you eat?

(Place an "X" on each line)

	NUMBER OF SERVINGS					
	8 or More	5-7	3-4	2	1	None
Fruit (one serving is 3/4 cup 100% juice, 1 medium fruit, 1/4 cup dried fruit, or 1/2 cup cut-up raw, cooked, or canned fruit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables (one serving is 3/4 cup 100% juice, 1 cup raw and leafy vegetables, 1/2 cup cooked peas or beans, or 1/2 cup raw, cooked, or canned vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grains (one serving is 1 slice of bread, 1 tortilla, 1/2 bagel, 1 oz cereal, 1/2 cup pasta or rice, or 3-4 crackers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dairy (one serving is 1.5 oz cheese, 1 cup yogurt, or 1 cup milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat, fish, or poultry (one serving is 3 oz—about the size of a deck of cards—of beef, pork, lamb, veal, fish, seafood, chicken, or turkey)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat substitute (one serving is 1 egg, 2 tablespoons peanut butter, 1/3 cup nuts, 1/4 cup seeds, 1/2 cup cooked, dried beans [kidney, black, navy, etc.], black-eyed peas, lentils, split peas, or tofu)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. If you have taken herbal supplements in the past 30 days, what are your reasons for doing so?

(For this question, herbal supplements do not include vitamins or other supplements.)

(Place an "X" on each line)

	Yes	No	Not Taking Herbal Supplements
To improve my mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To improve my physical performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To prevent or control illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To improve my cognitive function (such as memory, concentration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96. In the past 12 months, how often did you take any of the following supplements (anything added to your diet specifically to enhance or strengthen it or to offset a low intake)?

(Place an "X" on each line)

	Two or More Times a Day	Once a Day	Every Other Day	Once a Week	Once a Month	Never in Past Year
Multiple vitamins and minerals (such as Centrum, One-A-Day, Theragran M) ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual vitamins or minerals (such as calcium, iron, selenium, zinc, boron) ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antioxidants (such as combinations of beta-carotene, vitamin E, vitamin C) ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body-building supplements that are legal (such as amino acids, protein powders, Creatine, "Andro," weight gain products)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal supplements (such as Ma Huang, ephedrine, St. John's Wort, Ginkgo biloba, echinacea, ginseng)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss products (such as Chromium Picolinate, Rip Fuel, caffeine, Dexamtrim, Acutrim, Metabolife, Metabolite Plus, Xenadrine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

97. How often do you eat high-fat foods, such as hamburgers, cheeseburgers, fried chicken or fried fish, french fries, eggs, whole or 2% milk, cheese, hot dogs, bacon, sausage, or chips?

- ☐ More than once a day
☐ Once a day
☐ 3-5 days per week
☐ 1-2 days per week
☐ Rarely or never

98. In a typical week, how often do you eat or drink something for breakfast?

- ☐ Every day
☐ 4-6 days per week
☐ 2-3 days per week
☐ Once per week
☐ Rarely or never

99. In a typical week, how often do you eat fast food?

- ☐ 7 or more times per week
☐ 5-6 times per week
☐ 3-4 times per week
☐ 1-2 times per week
☐ Never

100. In thinking about your weight, do you consider yourself to be:

- ☐ Overweight
☐ About the right weight
☐ Underweight

101. About how tall are you without shoes on?

Enter your height in the boxes. Use all three boxes, ONE number to a box.

FEET

INCHES

102. About how much do you weigh without shoes on?

(WOMEN: If you are currently pregnant, please enter your usual weight before you became pregnant.)

Enter your weight in the boxes. Use all three boxes, ONE number to a box.

POUNDS

103. When was the last time you had your blood pressure checked by a doctor or other health professional?

- ☐ During the past 30 days
☐ More than 1 month ago but within the past 6 months
☐ More than 6 months ago but within the past year
☐ More than 1 year ago but within the past 2 years
☐ More than 2 years ago
☐ Don't know/don't remember
☐ Never had my blood pressure checked

104. The last time you had your blood pressure checked, did the doctor or other health professional say your blood pressure was high, low, or normal?

- ☐ High
☐ Low
☐ Normal
☐ Something else
☐ Not told
☐ Don't know/don't remember
☐ Never had my blood pressure checked

105. Have you ever been told by a doctor or other health professional that you had high blood pressure?

- ☐ Yes
☐ Yes, but only when I was pregnant
☐ No
☐ Don't know

106. Has a doctor ever prescribed medication to help lower your high blood pressure?

- ☐ Yes
☐ No
☐ Never had high blood pressure

107. Has a doctor or other health professional ever advised you to take any of the following actions to help lower your blood pressure?

(Place an "X" on each line)

To lower my blood pressure, a health professional has advised me to:

- | | Yes | No | Doesn't Apply |
|---|-----------------------|-----------------------|-----------------------|
| Diet to lose weight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cut down on salt or sodium in my diet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exercise | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stop smoking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cut down on my use of alcohol | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

108. Are you currently taking any of the following actions to help lower your blood pressure?

(Place an "X" on each line)

To lower my blood pressure, I am currently:

- | | Yes | No | Doesn't Apply |
|---|-----------------------|-----------------------|-----------------------|
| Dieting to lose weight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cutting down on salt or sodium in my diet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exercising | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not smoking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cutting down on my use of alcohol | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taking prescribed blood pressure medication | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

109. When was the last time you had your cholesterol checked by a doctor or other health professional?

- ☐ During the past 30 days
☐ More than 1 month ago but within the past 6 months
☐ More than 6 months ago but within the past year
☐ More than 1 year ago but within the past 2 years
☐ More than 2 years ago but within the past 5 years
☐ More than 5 years ago
☐ Don't know/don't remember
☐ Never had my cholesterol checked

110. Have you ever been told by a doctor or other health professional that your cholesterol level was high?

- ☐ Yes
☐ No
☐ Don't know/don't remember
☐ Never had my cholesterol checked

111. Has a doctor or other health professional ever advised you to cut down on fat and cholesterol in your diet—regardless of whether your cholesterol level was high?

- ☐ Yes
☐ No

112. Has a doctor ever prescribed medication to help lower your cholesterol level?

- ☐ Yes
☐ No
☐ Never had high cholesterol

113. Are you currently taking any of the following actions to help lower your cholesterol level?

- | | Yes | No | Doesn't Apply |
|---|-----------------------|-----------------------|-----------------------|
| To lower my cholesterol level, I am currently: | | | |
| Cutting down on fat and cholesterol in my diet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taking prescribed medication to help lower my cholesterol level | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next set of questions asks about sexual behavior. NO ONE will link your answers with your identity. When we ask if you have "had sex" with a person, we mean vaginal or anal intercourse with that person.

Specifically: VAGINAL INTERCOURSE is when a man's penis is inside a woman's vagina.

ANAL INTERCOURSE is when a man's penis is inside his partner's anus or rectum.

114. In your entire life, how many people have you had sex with? (Remember, we mean vaginal or anal intercourse.)

- ☐ 20 or more people
☐ 10-19 people
☐ 5-9 people
☐ 2-4 people
☐ 1 person
☐ I have never had sex

115. When was the last time you had sex?

- ☐ During the past 30 days
☐ More than 1 month ago but within the past 6 months
☐ More than 6 months ago but within the past 12 months
☐ More than 12 months ago but within the past 2 years
☐ More than 2 years ago
☐ I have never had sex

116. The last time you had sex, did you or your partner use a condom?

- ☐ Yes
☐ No
☐ I have never had sex

117. In the past 12 months, how many people have you had sex with? (Remember, we mean vaginal or anal intercourse.)

- ☐ 20 or more people
☐ 10-19 people
☐ 5-9 people
☐ 2-4 people
☐ 1 person
☐ I did not have sex in the past 12 months

118. In the past 12 months, about how often did you or your partner(s) use a condom when you had sex with someone on an ongoing basis, such as your spouse, a girlfriend, or boyfriend?

- ☐ Every time
- ☐ Most of the time
- ☐ About half of the time
- ☐ Hardly any of the time
- ☐ I had sex with someone on an ongoing basis in the past 12 months but never used a condom
- ☐ I did not have sex with someone on an ongoing basis in the past 12 months
- ☐ I never had sex with someone on an ongoing basis in my entire life

119. In the past 12 months, about how often did you or your partner(s) use a condom when you had sex with a casual partner—that is, someone you know and have sex with occasionally?

- ☐ Every time
- ☐ Most of the time
- ☐ About half of the time
- ☐ Hardly any of the time
- ☐ I had sex with a casual partner in the past 12 months but never used a condom
- ☐ I did not have sex with a casual partner in the past 12 months
- ☐ I never had sex with a casual partner in my entire life

120. In the past 12 months, about how often did you or your partner(s) use a condom when you had sex in a one-time encounter—that is, someone you had sex with once and don't plan to have sex with again?

- ☐ Every time
- ☐ Most of the time
- ☐ About half of the time
- ☐ Hardly any of the time
- ☐ I had sex in a one-time encounter in the past 12 months but never used a condom
- ☐ I did not have sex in a one-time encounter in the past 12 months
- ☐ I never had sex in a one-time encounter in my entire life

121. In the past 12 months, did you have a sexually transmitted disease, such as gonorrhea, syphilis, chlamydia, or genital herpes?

- ☐ Yes
- ☐ No

122. In your entire life, have you ever had a sexually transmitted disease, such as gonorrhea, syphilis, chlamydia, or genital herpes?

- ☐ Yes
- ☐ No

The following question deals with gambling, placing bets, or playing games for money. This would include buying lottery tickets or taking part in a sport pool.

123. The following statements describe some things connected with placing bets or gambling that happen to people. Please indicate whether any of these things has ever happened to you.

(Place an "X" on each line)

	Yes	No
I found myself more and more preoccupied with gambling	<input type="radio"/>	<input type="radio"/>
I needed to gamble with more and more money to achieve the excitement I desired	<input type="radio"/>	<input type="radio"/>
I have tried a number of times to control, cut back, or stop gambling but haven't been able to	<input type="radio"/>	<input type="radio"/>
I felt restless or irritable when I was unable to gamble or when I tried not to gamble	<input type="radio"/>	<input type="radio"/>
I found myself gambling to escape from problems	<input type="radio"/>	<input type="radio"/>
After losing money gambling, I went back another day to try to win back my money	<input type="radio"/>	<input type="radio"/>
I lied to my family, employer, or other important people in my life to hide the extent of my gambling	<input type="radio"/>	<input type="radio"/>
I have broken the law to pay for my gambling	<input type="radio"/>	<input type="radio"/>
I jeopardized or lost relationships, a job, school opportunities, or career opportunities because of gambling	<input type="radio"/>	<input type="radio"/>
Someone provided me with money to relieve a desperate financial situation caused by gambling	<input type="radio"/>	<input type="radio"/>

This next set of questions deals mainly with your length of service, deployments, military job, and job satisfaction.

124. As of today, how many months have you been assigned to your present permanent post, base, ship, or duty station? (Include any extension of your present tour. Do not count previous tours at this duty station.)

- ☐ 1 month or less
- ☐ 2-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ 13-18 months
- ☐ 19-24 months
- ☐ 25-36 months
- ☐ More than 3 years

125. How long have you been on active duty? (If you had a break in service, count current time and time in previous tours, but not time during the break in service.)

For partial year periods of less than 6 months, round down to the last full year of service. For partial year periods of 6 months or more, round up to the next year.

Enter the number of years in the boxes. Use both boxes, ONE number to a box.

YEARS

126. If you were unable to deploy in the past 12 months, what was the reason(s)? (Mark all that apply.)

- ☐ Training
- ☐ Leave/TDY
- ☐ Pregnancy
- ☐ Dental issue
- ☐ No HIV test
- ☐ Family situation
- ☐ Injury
- ☐ Illness
- ☐ Other
- ☐ I was not ordered to deploy in the past 12 months
- ☐ I was able to deploy in the past 12 months

127. During the past 12 months, I returned early from deployment because of the following reason:

- ☐ Pregnancy
- ☐ Dental work or dental problems
- ☐ Family situation
- ☐ Injury
- ☐ Illness
- ☐ Other
- ☐ I was not ordered to deploy in the past 12 months
- ☐ I did not return early from deployment in the past 12 months

128. During the past 30 days, how much of the time did you work in jobs outside your current primary MOS/PS/Rating/Designator/AFSC?

- ☐ All of the time
- ☐ Most of the time
- ☐ About half of the time
- ☐ Some but less than half of the time
- ☐ None of the time

129. Suppose that you have to decide whether to stay on active duty. Assuming you could stay, how likely is it that you would choose to do so?

- ☐ Very likely
- ☐ Likely
- ☐ Neither likely nor unlikely
- ☐ Unlikely
- ☐ Very unlikely

130. If you could stay on active duty as long as you want, how likely is it that you would choose to serve in the Military for at least 20 years?

- ☐ I already have 20 or more years of service
- ☐ Very likely
- ☐ Likely
- ☐ Neither likely nor unlikely
- ☐ Unlikely
- ☐ Very unlikely

131. All in all, how satisfied or dissatisfied are you with your work assignment?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

132. Which of the following categories best describes your military job? (If you need to, please refer to the handout giving examples for different job categories.)

(Place an "X" on only one circle)

ENLISTED

- ☐ Infantry, Gun Crew, or Seamanship Specialist
- ☐ Electronic Equipment Repairman
- ☐ Communications or Intelligence Specialist
- ☐ Health Care Specialist
- ☐ Other Technical or Allied Specialist
- ☐ Functional Support and Administration
- ☐ Electrical/Mechanical Equipment Repairman
- ☐ Craftsman
- ☐ Service and Supply Handler
- ☐ Non-Occupational

OFFICER

- ☐ General Officer or Executive
- ☐ Tactical Operations Officer
- ☐ Intelligence Officer
- ☐ Engineering or Maintenance Officer
- ☐ Scientist or Professional (not involved with health care)
- ☐ Health Care Officer
- ☐ Administrator
- ☐ Supply, Procurement, or Allied Officer
- ☐ Non-Occupational

133. What is the ZIP code or APO or FPO number for the post, base, ship, or other duty station where you spent most of your duty time during the past 12 months?

Enter the ZIP/APO/FPO number in the boxes. Use all five boxes, ONE number to a box.

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ZIP/APO/FPO

The next questions ask about your religious or spiritual practices.

134. During the past 12 months, how many times did you attend religious/spiritual services? (Please do not include special occasions, such as weddings, christenings, funerals, or other special events in your answer.)

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-24 times
- ☐ 25-52 times
- ☐ More than 52 times

135. My religious/spiritual beliefs are a very important part of my life.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

136. My religious/spiritual beliefs influence how I make decisions in my life.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

MALES, PLEASE CONTINUE WITH QUESTION 137.

FEMALES, PLEASE GO TO QUESTION 139.

MALES

FEMALES

137. In the **past 12 months**, about how often did you examine your testicles for lumps?

- ☐ More than once a month
- ☐ About once a month
- ☐ Every other month or so
- ☐ 3-5 days in the past 12 months
- ☐ Once or twice in the past 12 months
- ☐ Never in the past 12 months

138. Have you **ever** received information or instruction on how to examine your testicles for lumps?

- ☐ Yes
- ☐ No

139. When was the **last** time you had a Pap test or Pap smear to check for cancer of the cervix?

- ☐ Within the past year
- ☐ More than 1 year ago but within the past 2 years
- ☐ More than 2 years ago but within the past 3 years
- ☐ More than 3 years ago
- ☐ Don't know/don't remember
- ☐ Never had a Pap test

140. Have you had a hysterectomy, or operation to remove your uterus?


- ☐ Yes
- ☐ No

141. In the **past 12 months**, how much stress did you experience as a woman in the Military?

- ☐ A great deal
- ☐ A fairly large amount
- ☐ Some
- ☐ A little
- ☐ None at all

142. To the best of your knowledge, when was the **last** time you were pregnant?

- ☐ Currently pregnant
- ☐ May be pregnant now but don't know for certain
- ☐ Within the past year but not now
- ☐ More than 1 year ago but within the past 2 years
- ☐ More than 2 years ago but within the past 5 years
- ☐ More than 5 years ago
- ☐ Never been pregnant

MALES PLEASE  HERE.

**THANK YOU VERY MUCH FOR YOUR TIME, EFFORT,
AND COOPERATION IN COMPLETING THIS
QUESTIONNAIRE.**

**FEMALES, PLEASE CONTINUE WITH THE NEXT
QUESTIONS ON PAGE 20.**

The next set of questions refers to the last time you were pregnant and did not have an abortion or miscarriage. If you are currently pregnant, please answer these questions for this pregnancy. "Pregnancy checkups" refer to checkups for weight, blood pressure, physical exams, procedures such as ultrasound, or other medical procedures related to pregnancy.

143. Think about your last pregnancy that resulted in a live birth (or your current pregnancy). How long after you became pregnant did you have your first pregnancy checkup?

- ☐ Within the first 3 months after becoming pregnant
- ☐ 4-6 months after becoming pregnant
- ☐ More than 6 months after becoming pregnant
- ☐ Did not have any pregnancy checkups or have not had first checkup
- ☐ Been pregnant but never had a live birth
- ☐ Never been pregnant

144. During your last pregnancy that resulted in a live birth (or your current pregnancy), about how often did you smoke a cigarette, even if one or two puffs?

- ☐ Daily
- ☐ Almost daily, or 3-6 days a week
- ☐ 1-2 days a week
- ☐ Several times a month (but less than once a week)
- ☐ Once a month or less (but at least once)
- ☐ Never smoked cigarettes during last (or current) pregnancy
- ☐ Been pregnant but never had a live birth
- ☐ Never been pregnant

145. On those days when you smoked cigarettes during your last pregnancy that resulted in a live birth (or your current pregnancy), how many cigarettes would you usually smoke?

- ☐ About 2 or more packs (more than 35 cigarettes)
- ☐ About 1½ packs (26-35 cigarettes)
- ☐ About 1 pack (16-25 cigarettes)
- ☐ About ½ pack (6-15 cigarettes)
- ☐ 1-5 cigarettes
- ☐ Less than 1 cigarette, on the average
- ☐ Never smoked cigarettes during last (or current) pregnancy
- ☐ Been pregnant but never had a live birth
- ☐ Never been pregnant

146. During your last pregnancy that resulted in a live birth (or your current pregnancy), about how often did you drink alcoholic beverages (i.e., beer, wine, or liquor)?

- ☐ Daily
- ☐ Almost daily, or 3-6 days a week
- ☐ 1-2 days a week
- ☐ Several times a month (but less than once a week)
- ☐ Once a month or less (but at least once)
- ☐ Never drank alcohol during last (or current) pregnancy
- ☐ Been pregnant but never had a live birth
- ☐ Never been pregnant

147. On those days when you drank alcoholic beverages during your last pregnancy that resulted in a live birth (or your current pregnancy), how many drinks would you usually have?

- ☐ 5 or more drinks
- ☐ 4 drinks
- ☐ 3 drinks
- ☐ 2 drinks
- ☐ 1 drink
- ☐ Less than 1 drink, on the average
- ☐ Never drank alcohol during last (or current) pregnancy
- ☐ Been pregnant but never had a live birth
- ☐ Never been pregnant

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THIS BLOCK FOR OFFICE USE ONLY

FSU

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Survey Phase:

- ☐ I
- ☐ II

Absence Codes:

- ☐ TDY/TAD
- ☐ LV
- ☐ DEP
- ☐ HOSP
- ☐ INC
- ☐ NS

Nucleus Installation:

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